

Customer No. 21394
ARTHROCARE CORPORATION
595 N. Pastoria Avenue
Sunnyvale, CA 94085
(408) 736-0224

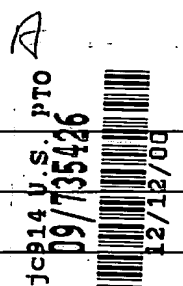


12/14/00

Atty. Docket No. C-8-2

"Express Mail" Label No. EF414906263US

Date of Deposit December 12, 2000



PATENT APPLICATION
ASSISTANT COMMISSIONER FOR PATENTS
Washington, D. C. 20231

I hereby certify that this is being deposited with the
United States Postal Service "Express Mail Post Office
to Addressee" service under 37 CFR 1.10 on the date
indicated above and is addressed to:
Assistant Commissioner for Patents
Washington, D.C. 20231

By: [Signature]

Sir:
Transmitted herewith for filing is the ☐ patent application,
☐ design patent application, ☒ continuation-in-part patent application of

Inventor(s): PAUL O. DAVISON and JEAN WOLOSZKO

For: ELECTROSURGICAL SYSTEMS AND METHODS FOR RECANALIZATION OF OCCLUDED BODY LUMENS

- ☒ This application claims priority from each of the following Application Nos./filing dates:
09/062,869 / April 20, 1998; 08/874,173 / June 13, 1997; 09/002,315 / January 2, 1998.
- ☒ Please amend this application by adding the following before the first sentence: --This application claims the benefit of U.S.
Provisional Application No. 60/203,443, filed May 10, 2000 the disclosure of which is incorporated by reference.--

Enclosed are:

- ☒ 50 sheet(s) of ☐ formal ☒ informal drawing(s).
☒ An assignment of the invention to ArthroCare Corporation
☒ A ☒ signed ☐ unsigned Declaration & Power of Attorney.
☐ A ☐ signed ☐ unsigned Declaration.
☒ A verified statement to establish small entity status under 37 CFR 1.9 and 37 CFR 1.27 ☒ is enclosed ☐ was filed
in the earliest of the above-identified patent application(s).
☐ Information Disclosure Statement under 37 CFR 1.97.
☐ A petition to extend time to respond in the parent application of this continuation-in-part application.
☒ The filing fee has been calculated as shown below:

	(Col. 1)	(Col. 2)
FOR:	NO. FILED	NO. EXTRA
BASIC FEE		
TOTAL CLAIMS	102 -20=	* 82
INDEP CLAIMS	11 -3=	* 8
<input type="checkbox"/> MULTIPLE DEPENDENT CLAIM PRESENTED		

SMALL ENTITY		OR	OTHER THAN A SMALL ENTITY	
RATE	FEE		RATE	FEE
	\$355	OR		\$710
X9=	\$738	OR	X18=	\$
X40=	\$320	OR	x80=	\$
+135=	\$	OR	+270=	\$
TOTAL	\$1413	OR	TOTAL	\$

* If the difference in Col. 1 is less than zero, enter "0" in Col. 2

Please charge Deposit Account No. 50-0359 as follows:

- ☒ Filing fee
☒ Any additional fees associated with this paper or
during the pendency of this application
☐ The issue fee set in 37 CFR 1.18 at or before mailing of the Notice
of Allowance, pursuant to 37 CFR 1.311(b).

\$ 1413.00

☐ A check for \$ _____ is enclosed.
1 extra copy of this sheet is enclosed.

Respectfully submitted,
ARTHROCARE CORPORATION

[Signature]

ph: (408) 736-0224

John T. Raffle
Reg. No.: 38,585